

MAIL TO:

Utah Department of Environmental Quality
Division of Water Quality, ATTN: UIC
P.O. Box 144870
Salt Lake City, Utah 84114-4870

FAX TO: (801) 538 - 6016**EMAIL TO: CCADY@utah.gov**

Utah
Underground
Injection
Control
(UIC)

Inventory Information
for

Well Class: _____

Facility ID No.: **FAC** _____

Risk: Hyd. _____ Chem. _____

Date Entered: _____ By: _____
(For DWQ use only)

Storm Water Drainage Wells

FACILITY LOCATION

Facility Name:					Phone:		
Facility Physical Address:						(City)	
Facility Mailing Address:					(City)	(Zip Code)	
Facility Geographic Location:	T.	R.	Section	1/4 of		1/4	
	Latitude:	Degrees	Minutes	Seconds	UTM Northing (Y): m or ft		
	Longitude:	Degrees	Minutes	Seconds	UTM Easting (X): m or ft		
County:						<input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27	

FACILITY CONTACT

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

LAND OWNERSHIP AT FACILITY

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
----------------------------------	--	---------------------------------	---	---------------------------------------

LAND USE ZONING AT FACILITY

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Manufacturing / Industrial	<input type="checkbox"/> Professional / Institutional	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Open Space	<input type="checkbox"/> Public Lands	<input type="checkbox"/> Overlay Zones: _____	<input type="checkbox"/> Other: _____	

FACILITY DESCRIPTION

Primary SIC code: _____	or	NAICS code: _____	Secondary SIC/NAICS code: _____
-------------------------	----	-------------------	---------------------------------

Description of Business Activity at Facility:

STORM WATER DRAINAGE WELL OPERATING STATUS (indicate number of wells in appropriate category)

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned

STORM WATER DRAINAGE WELL CONSTRUCTION AND SUBSURFACE DETAILS

Narrative Description of System Construction and Subsurface Details (see Instructions):

Depth to Ground Water: _____	Ground Water Class: _____
------------------------------	---------------------------

STORM WATER CHARACTERIZATION

Storm Water Capture Area and BMPs Description (see Instructions):

Annual Storm Water Volume (gallons): _____
--

COMMENTS**SIGNATURE**

Name & Title (print or type)	Phone Number
Signature	Date Signed

Construction Details Plan View of Facility Property
Showing Location(s) of Storm Water Drainage Well(s)

~~~~~

A large grid of 20 columns and 30 rows, intended for drawing construction details. The grid is composed of thin, light gray lines forming a uniform pattern of squares.

Construction Details Vertical Cross Section  
Showing Details of Storm Water Drainage Well(s) and Subsurface

~~~~~

A large grid of 30 columns and 30 rows, intended for drawing construction details. The grid is composed of thin black lines forming a uniform pattern of squares.

Instructions for Completing the Utah Underground Injection Control Inventory Information Form for Storm Water Drainage Wells

~~~~~

Owners or operators of all Class V injection wells, existing and new, must submit inventory information according to Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program. Required information includes: facility name and location; name and address of legal contact; ownership of facility; nature and type of injection wells; and operating status of injection wells. The Utah UIC Inventory Information Form is designed to assist owners or operators to comply with this requirement, to collect sufficient information regarding the injection activity such that authorization-by-rule status can be assessed, and to coordinate UIC Program regulatory action with other agencies having regulatory authority over the subject facility. Inventory information must be submitted prior to injection for new wells.

**This submission does not relieve the applicant of any liability for ground water cleanup or any claim for resource damage if ground water contamination is traced to the injection wells shown on this form.**

## Facility Location:

**Facility Physical Address:** Enter street address of facility or other description of physical location of facility that would enable someone to drive to the location of the facility. You may also choose to provide a photocopy of a road map (no greater than 11" x 17", preferably 8 ½" x 11") with the facility location indicated if a street address is not available.

**Facility Geographic Location:** Enter Township, Range, Section, Quarter Section, and Quarter/Quarter Section. Enter latitude and longitude in degrees, minutes, seconds **OR** enter Universal Transverse Mercator (UTM) Easting and Northing. For assistance in determining geographic location, go to <http://nwrwt1.nr.state.ut.us/cgi-bin/stview.exe?Startup> ) You may also choose to provide a photocopy of a USGS 7½ - minute topographic quadrangle map, including the name of the map, with the facility location indicated.

## Facility Contact:

At least one of the contacts listed must be the legal representative of the owner of the Class V injection well(s) for which the UIC Inventory Information is being submitted. The owner/operator or the legal representative must be the signatory for the form. Provide additional contacts capable of providing reliable information regarding the operation of the facility.

## Land Ownership at Facility:

Self explanatory

## Land Use Zoning at Facility:

Contact your local planning and development official for zoning information.

## Facility Description:

Enter primary and secondary NAICS or SIC code number used in census & other government reports. Go to the U.S. Census Bureau NAICS web site for assistance in determining the correct NAICS Code. The North American Industry Classification System (NAICS) has replaced the U.S. Standard Industrial Classification (SIC) system, however, conversion tables are available at the U.S. Census Bureau NAICS web site located at: <http://www.census.gov/epcd/naics02/>

Include a description of the business activities performed at the facility. Include the NAICS and/or SIC definition and/or index entry. You may wish to include additional narrative for clarity.

## Storm Water Drainage Well Operating Status

Self explanatory.

## Storm Water Drainage Well Construction and Subsurface Details

On the page provided or on a separate sheet, submit a plan view (not to exceed 11" x 17") of the facility property showing the location of the injection well(s). Also, on the page provided or on a separate sheet, submit a vertical cross-section (not to exceed 11" x 17") showing the details of the injection well(s) and the details of the relevant subsurface hydrogeology. Include such details as unique injection well ID number; construction type; if pre-fab construction, indicate type; construction dimensions; depth of well if vertical construction; screened interval if vertical construction; depth of engineered bottom if horizontal construction; depth to ground water; ground water class (see Utah Administrative Rules R317-6-3 for ground water class definition - <http://www.rules.utah.gov/publicat/code/r317/r317-006.htm> ; hydrogeologically distinct horizons, etc.

## Storm Water Characterization

In the space provided or on an attached sheet, provide a narrative describing the storm water capture area from which the storm water is derived. Describe the BMPs (educational, operational, maintenance, structural) employed in this area to minimize contamination of the storm water.

## Comments

Include any other relevant information not already addressed in the other sections of this form.

## Signature

In keeping with the requirement of Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program that the owner or operator must submit inventory information, the UIC Inventory Information Form **must** be signed by the **owner or operator (or his/her legal representative)** of the injection well(s) for which the inventory information is being submitted.